

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/715,725</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3							53						
4	/						54						
5	/						55						
6		5					56						
7		5					57						
8		5					58						
9		2					59						
10		2					60						
11		5					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19	/						69						
20	/						70						
21		/					71						
22	/						72						
23		/					73						
24	/						74						
25		/					75						
26			/		/		76						
27			/		/		77						
28			/	/	/		78						
29			/		/		79						
30					/	/	80						
31					/	/	81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓	3	↓	3	↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	64	↓	3	↓	2	↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	71		6		5		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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